

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *661575162* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
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23		2				
24		2				
25		2				
26	1					
27		1				
28		1				
29	1					
30		1				
31		1				
32		2				
33		2				
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42		2				
43		2				
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45		2				
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	74					
TOTAL CLAIMS	80					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						